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PATENT

2A
8/18/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Barry et al.

Serial No.: 09/854,789

Filed: May 14, 2001

For: METHOD AND APPARATUS FOR PROVIDING DIRECT MEMORY
ACCESS CONTROL

Group: Not yet assigned

Examiner: Not yet assigned

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on the date set forth below:

Signed: *[Signature]*

Name: *Typhie Jordan*

Date: *June 6, 2001*

June 6, 2001
Chapel Hill, NC 27516

Assistant Commissioner for Patents
Washington, DC 20231

PRELIMINARY AMENDMENT

Sir:

Please amend the above identified application as follows:

In the Specification

Page 1, before the first line, insert:

A --This is a division of application Serial Number 09/472,372 filed on December 23,
1999.-- *B*

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PATENT

800.0079



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No.: 09/854,789

Filed: May 14, 2001

For: METHOD AND APPARATUS FOR
PROVIDING DIRECT
MEMORY ACCESS CONTROL

Group: Not Assigned Yet

Examiner: Not Assigned Yet

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner For Patents, Washington, D.C. 20231, on the date set forth below:

Signed: 

Name: Tlynthia Jordan

Date: June 6, 2001

Chapel Hill, North Carolina
June 6, 2001

Assistant Commissioner
For Patents
Washington, DC 20231

Amendment Transmittal

Sir:

1. Transmitted herewith is a Preliminary Amendment for the above-identified application.
2. The Applicant is a small entity.

FEE FOR CLAIMS AS AMENDED

3. ☒ No additional fee is required.
☐ The additional fee has been calculated as shown below:

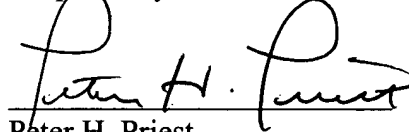
A

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Additional Fee
Total							
Claims	21	-	35	=	0	x \$ 9.00	\$ <u>0</u>
Independent							
Claims	3	-	3	=	0	x \$ 40.00	\$ <u>0</u>
Multiple							
Dependent Claims			NONE				\$ <u>0</u>
Total: \$							<u>0</u>

4. ☐ Enclosed is our check for \$ _____ to cover the filing fee.
5. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, including any fee for extension of time or credit any overpayment to Law Offices of Peter H. Priest. **Deposit Account No. 50-1058.** A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted,



Peter H. Priest
Reg. No. 30,210
529 Dogwood Drive
Chapel Hill, N.C. 27516
(919) 942-1434

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